IN	74E	UN	ITED	STA	<i>TES</i>	5 4	DISTRICT	COURT
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ADAM WENZKE PLAINTIFF)))
∨ .) CN. ACTION NO. 07-504-SLR
CORRECTIONIAL MEDICAL SERVICES ET.AL. DEFENDENTS	JUL 3 1 2008 U.S. DISTRICT COURT DISTRICT OF DELAWARE

NOTICE OF INTERROGATORY

Please TARE NOTICE THAT PURSUANT TO PLUE 33, FED. R. CIV. P. THE PLAINTIFF SUBMITS THE FOLLOWING INTERROGAT-ORIES TO THE DEFENDENT SIM WELCH, SUPERVISOR OF C. M.S. TO ANSWERE EACH OF THE ATTACHED INTERROGATORIES IN WEITING UNDER DATH, WITHIN 30 DAYS OF SERVICE.

July 29, 2008 DATE

ADAM WENZKE * 183595

PLAINTIFF

DELMUARE CUPRECTIONAL CENTER

1181 PADDOCK ROAD

SNYRVA, DE 19977

INTERRUGATORIES - JIM WELCH

- 1) EXPLAIN AND DESCRIBE YOUR DUTIES AS THE DIRECTOR OF HEALTH CARE SERVICES AT H.R.Y.C.I. AND HOW LONG YOU'VE WORKED THIER ?
- 2) EXPLAIN AND DESCRIBE WHY THAT AFTER PLAINTIFF NOTIFIED YOU NUMEROUS TIMES OF HIS PAIN AND SUFFERING YOU FAILED TO RESPOND OR USE YOUR AUTHORITY TO HELP HIM?
- 3) EXPLAIN AND DESCRIBE ANY TREATMENT THAT YOU KNOW OF THAT WAS ADMINISTERED TO THE PLAINTIFF CONCERNIUS HIS MEDICAL CONDITION AND WHO TREATED Him?
- 4) EXPLAIN AND DESCRIBE WHY YOU FAILED TO RESPOND
 WHEN YOU FOUND OUT PLAINTIFF WON HIS MEDICAL GRIEVANCE
 APPEAL TO THE BUREAU Chief Richard KEARNEY TO BE SENT
 BACK TO SEE THE URologIST?
- TO YOUR KNOWLEDGE EXPLAIN AND DESCRIBE WHY YOU THINK THE PLAINTIFF WAS RECIEVING ADEQUATE MEDICAL CARE ACCORDING TO C.M.S.'S RULES OF MEDICAL PROCEDURES MANUEL AND THE ACCEPTED PROFESSIONAL STANDARDS OF THE NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE?
- CLAIMS OF PAIN AND SUFFERING, AND WHAT YOU DID ABOUT IT?

- THE PLAINI AND DESCRIBE IF YOU ARE AWARE THAT THE MEDICAL STAFF YOU ARE SUPERVISING ARE TREATING PEOPLE WITH OUT THIER "INFORMED CONSENT", AND MEDICAL DID NOT TELL THE PLAINITHF ANYTHING ABOUT THE LONG AND STURT TERM SIDE AFFECTS OF TAKING TY COULD WHILE BEING CO-INFECTED WITH TWO TYPES OF STRAINS OF THE HEPATITUS C VIRUS?
- EXPLAIN AND DESCRIBE THE POSSIBLE RISKS THAT YOU DELICATED DOWN TO YOUR SUBORDINATES CONCERNING PLAINTIFFS MEDICAL TREATMENT OPTIONS?
- 9) EXPLAIN AND DESCRIBE ANY AND ALL TRAINING THAT THE
 MEDICAL PERSONNELL HAD NENT THROUGH BEFORE THIER ALLOWED TO
 BE ELICIBLE TO LUXIK FOR YOU. IN A PRISON MEDICAL ENVIRONMENT?
- EXPLAIN AND DESCRIBE ANY BOWLSES OR INCENTIVES YOU WERE OFFERS OF USES TO MINIMIZE HIGH COST TREATMENTS ESPECIALLY TO THOSE WHO REQUIRE HOSPITALIZATION OR THE CONSULTATION OF SPECIALISTS?
- (1) EXPLAIN AND DESCRIBE HOW YOU REACTED AND WHAT YOU ACTUALLY DID WHEN YOUR OWN MEDICAL PERSONNELL PUT YOU ON OFFICIAL NOTICE OF PLAINTIFF'S PAINFUL CONDITION AND REPEATED REGUEST TO SEE THE UROLOGIST AGAIN?

- 12) AFTER PLAINTIFF WAS SEEN BY THE UROLDGIST ON NOV. 16
 2006 AND FELT A SMALL MASS ON THE TESTICLES, THE UROLDGISTS
 ORDERED A ULTRA SOUND AND FOLLOW UP APPOINTMENT EXPLAIN AND
 DESCRIBE WHY AND THE REASONS BEHIND THE FOLLOW UP CANCELLATION?
- B) EXPLAN AND DESCRIBE WHO'S DECISION IT WAS TO TELL THE Physicians Assistant Michael Senisch to write on (Previously Filed Sich Call Exhibit X-19 Prison Medical Recurds) That Plaintiff WOULD FOLLOW UP WITH THE UROLOGIST WHEN PLAINTIFF WAS RELEASED IN ONE MONTH, AND IN REALITY PLAINTIFF HAD 28 MONTHS LEFT ON HIS SENTENCE?
- 14) EXPURING AND DESCRIBE IF C.M.S. HAS A CUSTOM OR PAINT ON THE COURSE OF MEDICAL TREATMENT PLAINTIFF RECIEVED AND IS THIER A CUSTOM OR POLICY OF FINANTIAL CONSIDERATIONS BEING PLACED OVER MEDICAL TREATMENT NEEDS?
- AND TRAINING TO BE THE DIRECTOR OF MEALTH CARE AND HOW LOOK LOOK
- IN YOUR OWN MEDICAL OPINION EXPLAIN AND DESCRIBE IF
 YOU THINK ITS SAFE FOR A PACIENT CO-INFECTED WITH TWO
 DIFFERENT TYPE STRAINS OF THE HEPITITUS C VIRUS TO BE GIVEN
 MASSIVE AMOUNTS OF TYPENAL FOR OVER 4 YEARS?

- FROM DEC 18,2006 CAME BACK AND REVEALED PAINFUL BILATERAL CYSTS ON BOTH EPIDIOYMEDES OF THE TESTICLES AND POSSIBLE INTERMITTEN TORSION OF THE RIGHT TESTICLE WHY WAS PLAINTIFF KEPT ON TYLENOIL AND HIS COMPLAINTS IGNORED THAT THE TYLENOIL WAS NOT WORKING AND HE WAS IN SEVERE PAIN AND HAS BEEN FOR THE PAST 2 YEARS TIMENTAS AT THAT TIME?
- 18) EXPLAIN AND DESCRIBE TO YOUR KNOWLEDGE .IF YOU OR YOUR COMPANY HAS EVER EMPLOYED UNER QUALIFIED OR UNLICENCED MEDICAL PERSONNELL?
- 19) EXPLAIN AND DESCRIBE IF ANY UNQUALIFIED OF LILLCENCED PERSONWELL WORKED AT H.R.Y.C.I. FROM FEB. 23, 2005
 THROUGH SEPT. 11, 2007 &
- OUTSIDE MEDICAL APPOINTMENTS, CANCELE OUTSIDE APPOINTMENTS?
- 21) Explain AND DESCRIBE WHO HAS THE AUTHORITY TO DENY OR APPROVE MEDICAL APPOINTMENTS OR DENY OR APPROVE ANY RECOMMENDED TREATMENT BY A PHYSICIAN ON THE OUTSINE WORLD OR AT H.L.Y.C.Z ?
- 22) EXPLAIN AND DESCRIBE IF YOU KNOW ANY THING ABOUT PLAIN.

 TIFF BEING TRANSFERED TO ANOTHER PRISON BECAUSE HE COMPLAINED

 TO MEDICAL TOO MUCH?

Respectively, Adam la bengke

PLAINTIFF

July 29, 2008

DATE

ADAM WENZKE #182595

DELAWARE CORRECTIONA CENTER

1181 PADDOCK RUAD

Smy RWA, DE 19977

CERTIFICATE OF SERVICE

I ADAM WENZKE, HEREBY CERTIFY THAT I
HAVE SERVED A TRUE COPY OF THE INDICE OF

INTERRAGATORIES UPON THE FOLLOWING PARTIES:

- 1) DEPARTMENT OF LISTICE
 OPHELIA M. WATERS
 820 N. FREUCH ST
 WILM, DE 19801-3509
- 2) OFFICE OF THE CLERK
 U.S. DISTRICT COURT

 844 N. KING ST. LOCKBOX 18
 Wilm, DE 19801-3570

By PLACING SAME IN A SEALED ENVELOPE, AND DEPO-SITING SAME IN THE U.S. MAIL AT THE DELAWARE CORRECT-IONAL CENTER, SMYRNA DE 19977

ON THIS 29 DAY OF _ JULY _ 2008

Adam Wenske